

Officeholder and Candidate Campaign Statement - Short Form

Date of election if applicable: (Month, Day, Year)

Amendment (Explain Below)

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CALIFORNIA FORM 470 For Official Use Only

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Kevin Gilliland

STREET ADDRESS

CITY

Quartz Hill

AREA CODE/DAYTIME PHONE NUMBER

661-478-9075

STATE

Ca

ZIP CODE

93536

OPTIONAL: FAX / E-MAIL ADDRESS

ktgilliland@hotmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Board Member - held - Division 4

JURISDICTION (LOCATION)

Palm Ranch Irrigation District

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

Table with 3 columns: COMMITTEE NAME AND I.D. NUMBER, COMMITTEE ADDRESS, NAME OF TREASURER. Row 1: N/A

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

Executed on July 19, 2023 DATE

By